

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012579

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3736

1. DATE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Bellefontaine Neighbors

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION De Paul Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1212 Grenshaw Dr.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Lillian

Middle Brown

Last DEARING

4. DATE OF DEATH

Month April

Day 8

Year 1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-28-1906

9. AGE (last birthday)

55

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10b. KIND OF BUSINESS OR INDUSTRY

Petrolite Corp

11. BIRTHPLACE (City and state or country)

Springfield, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Brown

13b. MOTHER'S MAIDEN NAME

Ruth Irons

14. NAME OF HUSBAND OR WIFE

James E. Dearing

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

James E. Dearing, 1212 Grenshaw Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Ovaries with metastases to lung, uterus & large bowels

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

175.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1962 to April 7, 1962 and last saw her alive on April 7, 1962. Death occurred at 2 A.M. April 8, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wesley E. Hayek

1 Day et M.D.

22b. ADDRESS

111 Chica St Feis, MO.

22c. DATE SIGNED

4/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-11-1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons, 6175 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

APR 9 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300
Rev. 4/59

1

2 4001, 35

3

4 1

5 1

6

7 1

8 2

9

10

11

12 59-0

13

59

Dr. Wesley E. Hayek
8700 Riverview Blvd.
Phone: EV 2-2400

In Ferguson Office 3:00 to 5:00 P.M. MONDAY
(Across from fire Station on Church St.)

Res.: 9123 Shadyle
Phone: UN 7-4566

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6148 Pellmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.